
MAY 23, 1997

UPDATE 97-17

TO:

Hospitals (Offsite Therapy Services)
Occupational Therapists
Physical Therapists
Rehabilitation Agencies
Therapy Groups

WISCONSIN MEDICAID UPDATE

Physical and Occupational Therapy CPT and HCPCS Code Changes - Effective July 1, 1997

This *Update* replaces past information

This *Update* covers the following Current Procedural Terminology (CPT) code and other changes that are effective for dates of service on and after July 1, 1997.

Wisconsin Medicaid requires Medicaid-certified physical therapists, occupational therapists, therapy groups, and rehabilitation agencies to use the updated codes for requesting prior authorization and billing Wisconsin Medicaid for physical therapy (PT) and occupational therapy (OT) services.

Refer to Attachments 1 and 2 for a summary of the changes (*highlighted in italics*) and complete list of Medicaid procedure codes for OT and PT services.

Attachments 1 and 2 replace the attachments in *Update 96-39* for OT and PT services. Physical therapists need to use Attachment 1 and 2 of this *Update* as well as Appendix 4 in the PT handbook (Part D, Division II).

New CPT procedure code

Wisconsin Medicaid added the new procedure code 90901 (OT and PT),

"biofeedback training by any modality (15 minutes)." The code is effective for dates of service on and after July 1, 1997. Use procedure code 90901 to request prior authorization and submit claims for biofeedback services for dates of service on and after July 1, 1997.

Codes replace deleted CPT procedure codes

For dates of service on and after July 1, 1997, Wisconsin Medicaid no longer pays for services under deleted and obsolete PT and OT CPT procedure codes 90900 "biofeedback training" and 97521 "prosthetic training." Instead, use procedure code 90901 "biofeedback training by any modality" for the deleted code 90900. Use procedure code 97520 "prosthetic training, upper and/or lower extremities" (OT and PT) for code 97521.

Other changes and clarifications

Changed procedure code description and unit of service

The CPT changed the description and unit service/time increment for procedure code 97520 (OT and PT) to "Prosthetic training, upper and/or lower extremities, each 15 minutes."

Changed daily service limits

Wisconsin Medicaid limits coverage of some procedures to a specified *number* per day. We changed the daily service limits for the codes 97520 "prosthetic training, upper and/or lower extremities" (OT) and 94667 "manipulation chest wall" and 97520 "prosthetic training, upper and/or lower extremities" (PT). Refer to Attachments 1 and 2 for the service limits.

Correcting recipient copayments as a result of procedure code time increment changes

Wisconsin Medicaid corrected the recipient copayment amounts due to changes in the procedure code time increments. The copayment changes are for:

OT codes:

- 97150 "therapeutic procedure(s)."
- 97250 "myofascial release/soft tissue mobilization."
- Q0109 "occupational therapy evaluation."
- Q0110 "occupational therapy reevaluation."

PT codes:

- 94668 "manipulation chest wall."
- 97250 "prosthetic training, upper and/or lower extremities."
- Q0103 "physical therapy evaluation."
- Q0104 "physical therapy re-evaluation."

Refer to Attachments 1 and 2 for the copayments.

Reminder that therapy assistants may not perform certain procedures
Wisconsin Medicaid's existing policy does not allow therapy assistants to perform certain procedures such as evaluations, as listed in Attachments 1 and 2.

Prior authorization

Use the code changes for all prior authorization requests

Use the new code changes for all new prior authorization and spell of illness (SOI) requests for dates of service on and after July 1, 1997. Wisconsin Medicaid will not authorize or pay for services under deleted codes for dates of services on and after June 30, 1997.

Do not use the code changes when requesting retroactive coverage for dates of service before July 1, 1997.

What to do for approved prior authorizations that include deleted or changed codes

For prior authorizations approved with procedure codes that are deleted or changed effective July 1, 1997, you may do one of the following:

- ✓ Amend the prior authorization to reflect the code changes.
- ✓ Request a new prior authorization reflecting the code changes.

Wisconsin Medicaid will accept requests for amendments and new prior authorizations using the code changes beginning June 1, 1997. Refer to *Update 95-25* for instructions on how to amend prior authorizations.

Continue to submit claims for prior authorized services under the deleted codes for dates of service on and before

June 30, 1997. For dates of service on and after July 1, 1997, Wisconsin Medicaid will not pay for prior authorized services under deleted codes.

Continue using Medicaid modifiers

Continue to use the Medicaid modifiers to request prior authorization and to bill Medicaid for PT/OT services.

Refer to *Update 95-38* for more information on modifiers. The modifiers are:

- Modifier "OT" for occupational therapy.
- Modifier "PT" for physical therapy.

Corrected terminology regarding physical therapist assistants

Under HFS 105.27(2), Wis. Admin. Code, the correct terminology for PT assistants is "physical therapist assistants." Physical therapists, please note this correction in your Medicaid Provider Handbook Part P, Division II, for PT Services. Wisconsin Medicaid will include this change when handbook replacement pages are published.

Attachment 1
MEDICAID PROCEDURE CODES FOR OCCUPATIONAL THERAPY SERVICES
EFFECTIVE JULY 1, 1997
ALL CHANGES ARE HIGHLIGHTED IN ITALICS

Allowable Places of Service for Specific Service Providers	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 1]
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
MODALITIES					
Delete 7/1/97	90900	Biofeedback training; by electromyogram application (e.g., in tension headaches, muscle spasms) (15 minutes)	\$3	Not Applicable	Allowed
Add 7/1/97	90901	Biofeedback training by any modality (15 minutes)	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1	1 per day	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	50¢	Not Applicable	Allowed
THERAPEUTIC PROCEDURES					
No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
No Change	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
Update copay 7/1/97	97150	Therapeutic procedure(s), group (2 or more individuals) (each 15 minutes)	50¢	Not Applicable	Allowed
Update copay 7/1/97	97250	Myofascial release/soft tissue mobilization, one or more regions (15 minutes)	\$1	Not applicable	Not Allowed
No Change	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2	1 per day	Not Allowed
Change description, service unit, daily service limit 7/1/97	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not applicable	Allowed
Delete 7/1/97	97521	Prosthetic training, each additional 15 minutes	\$1	Not applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment) direct one-on-one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
OTHER PROCEDURES					
No Change	97770	Development of cognitive skills to improve attention, memory, problem solving, including compensatory training and/or sensory integrative activities, direct (one-on-one) patient contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
COMPREHENSIVE EVALUATION					
<i>Update copay 7/1/97</i>	Q0109	Occupational therapy evaluation, initial (15 minutes)	\$1	Not Applicable	Not Allowed
<i>Update copay 7/1/97</i>	Q0110	Occupational therapy reevaluation, periodic (15 minutes)	50¢	2 per day	Not Allowed

Attachment 2
MEDICAID PROCEDURE CODES FOR PHYSICAL THERAPY SERVICES
EFFECTIVE JULY 1, 1997

ALL CHANGES ARE *HIGHLIGHTED IN ITALICS*

Allowable Places of Service for Specific Service Providers	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 1]
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
OTHER PROCEDURES					
No Change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) (15 minutes)	\$1	1 per day	Not allowed
No Change	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) (15 minutes)	\$2	1 per day	Not allowed
<i>Change daily service limit 7/1/97</i>	94667	Manipulation chest wall such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (15 minutes)	\$1	2 per day	Allowed
<i>Update copay 7/1/97</i>	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent (15 minutes)	50¢	Not Applicable	Allowed
No Change	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation (15 minutes)	\$1	1 per day	Not allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent (15 minutes)	\$1	1 per day	Not allowed
No Change	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants (15 minutes)	\$1	1 per day	Not allowed
MODALITIES					
Delete 7/1/97	90900	Biofeedback training; by electromyogram application (e.g., In tension headaches, muscle spasms) (15 minutes)	\$3	Not Applicable	Allowed
Add 7/1/97	90901	Biofeedback training by any modality (15 minutes)	\$2	Not applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1	1 per day	Allowed
No Change	97012	Application of a modality to one or more areas; traction, mechanical (15 minutes)	\$1	1 per day	Allowed
No Change	97014	Application of a modality to one or more areas; electrical stimulation (unattended) (15 minutes)	\$1	1 per day	Allowed
No Change	97016	Application of a modality to one or more areas; vasoneumatic devices (15 minutes)	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1	1 per day	Allowed
No Change	97020	Application of a modality to one or more areas; microwave (15 minutes)	\$1	1 per day	Allowed
No Change	97022	Application of a modality to one or more areas; whirlpool (15 minutes)	\$1	1 per day	Allowed
No Change	97024	Application of a modality to one or more areas; diathermy (15 minutes)	\$1	1 per day	Allowed
No Change	97026	Application of a modality to one or more areas; infrared (15 minutes)	\$1	1 per day	Allowed
No Change	97028	Application of a modality to one or more areas; ultraviolet (15 minutes)	\$1	1 per day	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	97032	Application of a modality to one or more areas; electrical stimulation (manual) (15 minutes)	\$1	Not Applicable	Allowed
No Change	97033	Application of a modality to one or more areas; iontophoresis (15 minutes)	\$1	Not Applicable	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	50¢	Not Applicable	Allowed
No Change	97035	Application of a modality to one or more areas; ultrasound (15 minutes)	\$1	Not Applicable	Allowed
No Change	97036	Application of a modality to one or more areas; Hubbard tank (15 minutes)	\$1	Not Applicable	Allowed
No Change	97039	Unlisted modality (specify type and time if constant attendance) (15 minutes)	\$1	1 per day	Allowed

THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
No Change	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1	Not Applicable	Allowed
No Change	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes transfer training and stair climbing)	\$1	Not Applicable	Allowed
No Change	97122	Therapeutic procedure, one or more areas, each 15 minutes; traction, manual	\$1	Not Applicable	Allowed
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
No Change	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
Update copay 7/1/97	97250	Myofascial/soft tissue mobilization, one or more regions (15 minutes)	\$1	Not Applicable	Not allowed
No Change	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2	1 per day	Not allowed
Change description and daily service limit 7/1/97	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
Delete 7/1/97	97521	Prosthetic training; each additional 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes	\$1	Not Applicable	Allowed
No Change	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment) direct one-on-one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

COMPREHENSIVE EVALUATION

Update copay 7/1/97	Q0103	Physical therapy evaluation; initial (15 minutes)	\$1	Not Applicable	Not allowed
Update copay 7/1/97	Q0104	Physical therapy re-evaluation; periodic (15 minutes)	50¢	2 per day	Not allowed